| Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|---|--------------|-------------|---------|------|----------|-------------|----------------|--|--------------|
| PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | |
| CT0820461 | ROVERS LODGE | | | | NC | 25 | L | | GW |
| Local Address (where applicable) | | Service | Residen | tial | Commerci | al Industri | al Combined Ag | | Agricultural |
| 227 BAILEYVILLE ROAD | | Connections | 1 | | 1 | | | | |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: MIDDLEFIELD | | | |
|--|--------------------------|--------------------------|--------------------------|
| Monitorii | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 0600) | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT - WELL 3 (WSF ID: 0 | 0700) | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELL 3 (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |
| Water System Facility: WELL 3 (WSF ID: 57705) | | | |
| E. Coli (3014) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL 3 (2) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Other Com | pliance Schedules | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate |
| CROSS CONNECTION SURVEY REPORT | 3/1/2011 | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2012 | | |
| CROSS CONNECTION EXEMPTION | 3/1/2018 | | |
| RESPOND TO SANITARY SURVEY | 11/14/2018 | | |
| Water System Facility | and Sampling Point In | ventory | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|--|-----------------|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | | Stage 2 DBPR | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | |
| 00700 | ENTRY POINT - WELL 3 | 3 | EP - WELL 3 | Α | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | |
|----------------------------------|--|---------|---------|------------------|-----------|-------------|------------|-----|--------------|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | |
| PWS ID | PWS Name | | | Classification P | | Population | Owner Type | Pri | mary Source |
| CT0820461 | ROVERS LODGE | | | | NC | 25 | L | | GW |
| Local Address (where applicable) | | Service | Residen | itial | Commercia | al Industri | al Combin | ed | Agricultural |
| 227 BAILEYVILL | Connections | 1 | | 1 | | | | | |

| | | , | Nater Sy | stem Fa | cility and | Sampling Poin | t Inv | entor | У | | |
|--------------------------------|------------|-----------------|-----------------|-------------|-----------------------------|-----------------|-------|--------------------------|---------------------------------|-----------|--------------------|
| Water System Facility ID | _ | stem Facility | | Sampling Po | oint Sampling Descriptio | | | Total oliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBP |
| 159 | LAKE BES | SECK TREATME | NT | | | | | | | | |
| 57705 | WELL 3 | | | 2 | WELL 3 | , | A | | | | |
| | | | | (| Contact Inf | ormation | | | | | |
| Name | | | | | Organization | | | | | Job Title | |
| Mr. Sam E | . Babcocl | (| | | P&L Partners | 5 | | Ow | ner | | |
| Mailing Ad | ddress Lin | e One | | Mailing Ad | dress Line Two | | | Ci | ty | State | Zip Code |
| 226 Bailyv | ille Rd | | | PO Box 353 | 3 | | Midd | dlefield | | СТ | 06455 |
| Business | s Phone | Extension | Fax | N | Nobile Phone | Emergency Phone | Emai | il Addre | SS | | |
| 860-34 | 9-6322 | | | | | | | | | | |
| Contact R | ole(s): A | dministrative C | Contact, Lega | al Contact, | Owner | | | | | | |
| Name | | | | | Organization | 1 | | | | Job Title | |
| Ms. Gail N | lotturno | | | | | | | Ow | ner | | |
| Mailing Ad | ddress Lin | e One | | Mailing Ad | dress Line Two | | | Ci | ty | State | Zip Code |
| 130 Way F | Rd | | | | | | Midd | dlefield | | СТ | 06455 |
| Business | s Phone | Extension | Fax | N | Mobile Phone | Emergency Phone | Emai | il Addre | SS | | |
| Contact R | ole(s): Le | gal Contact, O | wner | | | | | | | | |

Please note the following:

Towns Served: MIDDLEFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | |
|-------------|---|--------------------|----------------------|---------|----------|--------------|-------------|----------------|
| DIA/C ID | | quality Monn | | | | | T |) |
| PWS ID | PWS Name | | C | | | - | | Primary Source |
| CT082001 | | | | NO | | 25 | Р | GW |
| | ress (where applicable) | | Service Residentia | al Cor | nmercial | Industrial | Combined | d Agricultural |
| 480 MAIN | | | Connections | | 1 | | | |
| Towns Ser | rved: MIDDLEFIELD | | | | | | | |
| | | Monit | oring Requiremen | ts | | | | |
| Water Sy | stem Facility: DISTRIBUTI | ON SYSTEM (WSF I | D: 00600) | | | | | |
| Total Co | liform (3100) | | | | | 1 rc | outine (RT) | per quarter |
| Samı | pling Point (Sampling Point ID |) | Monitoring | , Perio | d Coll | ection Perio | d Compl | liance Status |
| Selec | ct from Inventory of Active San | npling Points | 10/1/18 - 1 | 2/31/1 | L8 | | C | omplete |
| | | | 1/1/19 - 3 | /31/19 |) | | C | omplete |
| | | | 4/1/19 - 6 | /30/19 |) | | C | omplete |
| | | | 7/1/19 - 9 | /30/19 |) | | | |
| Physical | Parameters (PPS) | | | | | 1 rc | outine (RT) | per quarter |
| Sam | pling Point (Sampling Point ID |) | Monitoring | , Perio | d Coll | ection Perio | d Compl | liance Status |
| Selec | ct from Inventory of Active San | npling Points | 10/1/18 - 1 | 2/31/1 | L8 | | C | omplete |
| | | | 1/1/19 - 3 | /31/19 |) | | C | omplete |
| | | | 4/1/19 - 6 | /30/19 |) | | C | omplete |
| | | | 7/1/19 - 9 | /30/19 |) | | | |
| Water Sy | stem Facility: ENTRY POIN | NT (WSF ID: 00700) | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | 1 routine (| RT) per year |
| Sam | pling Point (Sampling Point ID |) | Monitoring | , Perio | d Coll | ection Perio | d Compl | liance Status |
| ENTR | RY POINT (3) | | 1/1/18 - 12 | 2/31/1 | 8 | | C | omplete |
| | | | 1/1/19 - 12 | 2/31/1 | 9 | | | |
| | | | 1/1/20 - 12 | | | | | |
| | Wat | er Svstem Facil | ity and Sampling P | | | torv | | |
| Water | | | | | Tota | | d | |
| System | Water System Facility | Sampling Point | Sampling Point | | Colifo | | | Stage |
| Facility ID | | ID | Description | Stat | D. J | | | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21441 | WELL | 2 | WELL | | | | | |
| 21771 | | | tact Information | | | | | |
| Name | | | | | | | lob Title | |
| Name | D. Danambana | | rganization | | | 0 | Job Title | |
| | P. Rosenberg | | axon & Co., LLC. | | | Owner | Ct-1 | 7: n C = -1 |
| | ddress Line One | Mailing Addres | s Line Two | | | City | State | Zip Code |
| 920 Farmi | ington Ave, Suite 204 | | | | West Har | rttord | CT | 06107 |

Emergency Phone Email Address

860-658-2526

Mobile Phone

Business Phone

860-236-2365

Extension

13

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-233-4834

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | water quanty monitoring and compliance senedale | | | | | | | | | |
|----------------------------------|---|-------------|----------------|---------------|--------------|----------------|-----------------|--|--|--|
| PWS ID PWS Name | | | Classification | Population | Owner Type | Primary Source | | | | |
| CT0820014 CALVI BUILDING | | | NC | 25 | Р | GW | | | | |
| Local Address (where applicable) | | Service | Resider | ntial Commerc | ial Industri | ial Combine | ed Agricultural | | | |
| 480 MAIN STREET | | Connections | | 1 | | | | | | |
| | | | | | | | | | | |

Towns Served: MIDDLEFIELD

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0820024 | COGINCHAUG MARKET | | | | NC | 25 | Р | GW |
| Local Address (w | here applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 484 MAIN STREE | T | Connections | | | 1 | | | |

Towns Served: MIDDLEFIELD

| monitoring requirements | | | | | | | |
|---|-------------------|-------------------|----------------------|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter | | | | |
| Campling Point (Campling Point ID) | Monitoring Pariod | Collection Pariod | Compliance Status | | | | |

Monitoring Requirements

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |

| Physical Parameters (PPS) | 1 rout | 1 routine (RT) per quarter | | |
|---|--------------------------|----------------------------|--------------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | |
| | 1/1/19 - 3/31/19 | | Complete | |
| | 4/1/19 - 6/30/19 | | | |
| | 7/1/19 - 9/30/19 | | | |

| Water System Facility: | ENTRY POINT | (WSF ID: 00700) |
|------------------------|--------------------|-----------------|
|------------------------|--------------------|-----------------|

| Nitrate And Nitrite (NOX) | | 1 rc | outine (RT) per year |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |

Water System Facility: WELL (WSF ID: 21442)

| E. Coli (3014) | | 1 routi | ine (RT) per quarter |
|------------------------------------|--------------------|-------------------|----------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL (2) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |

Water System Facility and Sampling Point Inventory

| Water System | Water System Facility | Sampling Point | Sampling Point | | Total Coliform | Lead and Copper | | | Stage |
|-----------------|-----------------------|----------------|----------------------|--------|-------------------|--------------------|----------|-------|--------|
| Facility IE | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 | ? DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 21442 | WELL | 2 | WELL | Α | | | | | |
| | | | | | | | | | |

56678 TREATMENT PLANT - UV

| | Co | ontact Information | | |
|--------------------------|--------------|--------------------|----------|----------------|
| Name | | Organization | | Job Title |
| Mr. Satish Patel | | Jai-Shiv-Sai, LLC | Managing | Member |
| Mailing Address Line One | Mailing Addr | ess Line Two | City | State 7in Code |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depa | irtment o | f Public | Health | Dri | nking | , Water | Se | ection | |
|------------------|------------------|---------------|---------------|------------------------|-----------|-------------|----------|-------------|-----|-----------|-----------------|
| | Wa | ter Qua | lity Moni | toring a | nd Con | nplia | nce S | Schedu | le | | |
| PWS ID | PWS Name | | | | | Classif | ication | Population | Ow | ner Type | Primary Source |
| CT0820024 | COGINCHAUG N | MARKET | | | N | IC | 25 | | Р | GW | |
| Local Address (w | here applicable) | | | Service | Residen | itial Co | mmerci | al Industri | ial | Combine | ed Agricultural |
| 484 MAIN STREE | Γ | | | Connectio | ns | | 1 | | | | |
| Towns Served: M | IDDLEFIELD | | | | | | ıvııaaıe | тета | | CI | 06455 |
| Business Phone | Extension | Fax | Mok | bile Phone Emergency F | | | Email A | Address | | | |
| 860-349-9985 | | | | | 917-523- | 17-523-8616 | | | | | |
| Contact Role(s): | Administrative | Contact, Leg | gal Contact | | | | | | | | |
| Name | 1 | | C | Organization | | | | | | Job Title | 9 |
| Land Manageme | nt Inc | | | | | | | | | | |
| Mailing Address | ine One | | Mailing Addre | ss Line Two | | | | City | | State | Zip Code |
| 484 Meriden Rd | | | P. O. Box 31 | | | | Middle | field | | СТ | 06455 |
| Business Phone | e Extension | Fax | Mok | oile Phone | Emergency | / Phone | Email A | Address | | | |
| Contact Role(s): | Owner | | | | | | | | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Co | nnectic | ut Departn | ent of | f Public | Health I | Orin | king | Wat | ter S | Section | n | |
|------------------|------------|----------------|--------------------|-----------|-------------|-------------|---------|----------|----------|---------|-----------|-------|--------------|
| | | | ter Quality | | | | | _ | | | | | |
| PWS ID | PW | /S Name | | | | C | lassifi | cation F | opula | tion O | wner Typ | e Pr | imary Source |
| CT0820044 | 4 108 | B MAIN STREE | T | | | | N | С | 29 | | Р | | GW |
| Local Addr | ess (whe | e applicable) | | | Service | Residentia | al Coi | mmercia | Ind | ustrial | Combi | ned | Agricultural |
| | | | | | Connection | ns | | 1 | | | | | |
| Towns Serv | ved: MID | DLEFIELD | | | | | | | | | | | |
| | | | | Monit | oring Red | quiremen | ts | | | | | | |
| Water Sys | stem Fac | ility: DISTR | IBUTION SYSTEI | M (WSF I | D: 00600) | | | | | | | | |
| Total Col | iform (3 | 3100) | | | | | | | | 1 r | outine (F | RT) p | oer quarter |
| Samp | ling Poin | t (Sampling P | oint ID) | | | Monitoring | g Perio | od Co | llectio | n Perio | d Coi | mpli | ance Status |
| Select | t from Inv | entory of Acti | ive Sampling Point | :S | | 10/1/18 - 1 | 2/31/ | 18 | | | | Co | mplete |
| | | | | | | 1/1/19 - 3 | /31/1 | 9 | | | | Co | mplete |
| | | | | | | 4/1/19 - 6 | /30/1 | 9 | | | | | |
| | | | | | | 7/1/19 - 9 | /30/1 | 9 | | | | | |
| Physical | Paramet | ers (PPS) | | | | | | | | 1 r | outine (F | RT) p | oer quarter |
| Samp | ling Poin | t (Sampling P | oint ID) | | | Monitoring | g Perio | od Co | llectio | n Perio | d Coi | mpli | ance Status |
| Select | t from Inv | entory of Acti | ive Sampling Point | :S | | 10/1/18 - 1 | 2/31/ | 18 | | | | Co | mplete |
| | | | | | | 1/1/19 - 3 | /31/1 | 9 | | | | Co | mplete |
| | | | | | | 4/1/19 - 6 | /30/1 | 9 | | | | | |
| | | | | | | 7/1/19 - 9 | /30/1 | 9 | | | | | |
| Water Sys | stem Fac | ility: ENTRY | Y POINT (WSF II | D: 00700) | | | | | | | | | |
| Nitrate A | nd Nitri | te (NOX) | | | | | | | | | 1 routin | e (R | T) per year |
| Samp | ling Poin | t (Sampling Po | oint ID) | | | Monitoring | g Perio | od Co | llectio | n Perio | d Coi | mpli | ance Status |
| ENTR' | Y POINT (| 3) | | | | 1/1/18 - 12 | 2/31/1 | .8 | | | | Co | mplete |
| | | | | | | 1/1/19 - 12 | 2/31/1 | .9 | | | | | |
| | | | | | | 1/1/20 - 12 | 2/31/2 | .0 | | | | | |
| | | | Water Syste | m Facil | ity and S | ampling F | oint | Inven | itory | , | | | |
| Water | | | | | | | | Tot | | ead ar | | | |
| _ ' | _ | stem Facility | Samp | _ | Sampling F | | | | | Coppe | | | Stage |
| Facility ID | | | | | Description | | Sta | | | Rule Ti | er Asbes | tos | WQP 2 DBPR |
| 00600 | DISTRIBU | ITION SYSTEM | | 4 | | ON SYSTEM | Δ | | , | | | | |
| | | | | | | SERVICE CON | Δ | | | | | | |
| | | | UPS | STREAM | WITHIN 5 S | SERVICE CON | Δ | ١ | | | | | |
| 00700 | ENTRY P | TNIC | | 3 | ENTRY POII | NT | Α | ١ | | | | | |
| 21444 | WELL 1 | | | 2 | WELL | | Δ | ١ | | | | | |
| | | | | Con | tact Info | rmation | | | | | | | |
| Name | _ | | | 0 | rganization | | | | | | Job Ti | tle | |
| Mr. Tom Y | antosh | | | | | | | | Owne | er | | | |
| Mailing Ad | ldress Lin | e One | Maili | ng Addres | s Line Two | | | | City | | State | е | Zip Code |
| 108 Main 9 | Street | | | | | | | Rockfall | | | СТ | | 06481 |
| Business | Phone | Extension | Fax | Mobi | ile Phone | Emergency P | hone | Email Ad | ddress | | | | |

860-346-8140

Contact Role(s): Administrative Contact, Legal Contact, Owner

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | water Quarty Monne | or mig and | a Gon | upi | idifec t | ciicaai | .C | |
|------------------|----------------------------------|-------------|-------|------|-------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
| CT0820044 | 108 MAIN STREET | | | | NC | 29 | Р | GW |
| Local Address (v | Local Address (where applicable) | | | | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | | | 1 | | | |

Towns Served: MIDDLEFIELD

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut D | epartment of | Public H | ealth l | Drinki | ng W | ater Se | ection | |
|-------------|--------------------------------|--------------------|--------------|-------------|----------|-----------|------------|--------------|--------------|
| | Water (| Quality Monit | oring and | d Com | plianc | e Sch | edule | | |
| PWS ID | PWS Name | <u> </u> | | | <u> </u> | | | ner Type Pr | imary Source |
| СТ0820074 | GUIDAS DRIVE-IN REST | TAURANT | | | NC | 4 | 10 | Р | GW |
| Local Addre | ss (where applicable) | | Service | Residenti | al Comm | ercial Ir | ndustrial | Combined | Agricultural |
| 484 MERIDE | EN ROAD | | Connections | | 1 | | | | |
| Towns Serve | ed: MIDDLEFIELD | | | | | · | · | | |
| | | Monito | oring Requ | iremen | ts | | | | |
| Water Syst | em Facility: DISTRIBUTI | ON SYSTEM (WSF II | D: 00600) | | | | | | |
| Total Colif | form (3100) | | | | | | 1 rou | ıtine (RT) p | er quarter |
| Sampli | ing Point (Sampling Point ID |) | | Monitorin | g Period | Collect | ion Period | Complic | ince Status |
| Select | from Inventory of Active Sar | npling Points | | 10/1/18 - 1 | 2/31/18 | | | Cor | mplete |
| | | | | 1/1/19 - 3 | 3/31/19 | | | Cor | mplete |
| | | | | 4/1/19 - 6 | 5/30/19 | | | | |
| | | | | 7/1/19 - 9 |)/30/19 | | | | |
| Physical P | arameters (PPS) | | | | | | 1 rou | ıtine (RT) p | er quarter |
| Sampli | ing Point (Sampling Point ID |) | | Monitoring | g Period | Collect | ion Period | Complic | ance Status |
| Select | from Inventory of Active Sar | npling Points | | 10/1/18 - 1 | 2/31/18 | | | Cor | mplete |
| | | | | 1/1/19 - 3 | 3/31/19 | | | Cor | mplete |
| | | | | 4/1/19 - 6 | 5/30/19 | | | | |
| | | | | 7/1/19 - 9 | 9/30/19 | | | | |
| Water Syst | em Facility: ENTRY POI | NT (WSF ID: 00700) | | | | | | | |
| | nd Nitrite (NOX) | | | | | | | - | T) per year |
| _ | ing Point (Sampling Point ID |)) | | Monitoring | | Collect | ion Period | | ince Status |
| ENTRY | POINT (3) | | | 1/1/18 - 1 | | | | Cor | mplete |
| | | | | 1/1/19 - 1 | | | | | |
| | | | | 1/1/20 - 1 | • • | | | | |
| | Wat | er System Facili | ty and Sar | npling F | Point In | vento | ry | | |
| Water | | | | | | Total | Lead and | | |
| | Vater System Facility | Sampling Point | | nt | | Coliform | | | Stage |
| Facility ID | | ID | Description | | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | Α | Υ | | | |
| | | DOWNSTREAM | | | A | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| | NTRY POINT | 3 | ENTRY POINT | | Α | | | | |
| | VELL | 2 | WELL | | Α | | | | |
| 57145 F | PRESSURE TANK | | | | | | | | |
| | | Con | tact Inforr | mation | | | | | |

| | | | (| Contact Inf | ormation | | | | |
|---|----------------|----------------|--------------|--------------|-----------------|----------|-----------|----|-------|
| Name | | Organization | า | Job Title | | | | | |
| Mr. Lou Seria Guida's Drive-In Restaurant Owner/President | | | | | | | sident | | |
| Mailing Address Lin | e One | dress Line Two | ess Line Two | | | State | Zip Code | | |
| 484 Meriden Road | | | | | | Middlefi | eld | СТ | 06455 |
| Business Phone | Extension | Fax | Ŋ | Mobile Phone | Emergency Phone | Email Ad | ddress | | |
| 860-349-9039 860-349-0257 | | | | | 860-349-8449 | ghotdog | s@aol.com | | |
| Contact Role(s): Le | gal Contact, C | Owner | | | | | | | |

| (| Connectic | ut Depa | rtmer | nt of | Public 1 | Health | ı Drii | nking | Water | Section | l |
|-------------------|-----------------|----------|-----------|------------|-----------------------------|-----------|----------|---------|-------------|------------|-----------------|
| | Wa | ter Qua | lity Mo | onite | oring ar | nd Con | nplia | nce S | Schedul | le | |
| PWS ID F | PWS Name | | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0820074 | GUIDAS DRIVE-I | NT | | N | IC | 40 | Р | GW | | | |
| Local Address (wh | ere applicable) | | | | Service | Resider | ntial Co | mmerci | al Industri | al Combin | ed Agricultural |
| 484 MERIDEN RO | AD | | | Connection | S | | 1 | | | | |
| Towns Served: MI | IDDLEFIELD | | | | | | | | | | |
| Name | | | | Or | Organization | | | | | Job Titl | е |
| Ms. Lucy Malates | ta | | | Ne | New Guida's Restaurant, Inc | | | | | ident | |
| Mailing Address L | ine One | | Mailing A | ddress | Line Two | | | City | | State | Zip Code |
| 484 Meriden Road | d | | | | | | | Middle | field | СТ | 06455 |
| Business Phone | Extension | Fax | | Mobil | e Phone | Emergency | y Phone | Email A | ddress | , | |
| 860-349-9039 | | 860-349- | 0257 | | | 860-349 | -8219 | | | | |
| Contact Role(s): | Administrative | Contact | | | , | | | | | | |

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|---------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0820084 | INDIAN SPRING GOLF COURSE | | | | NC | 25 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 123 MACK ROAI |) | Connections | | | 1 | | | |

Towns Served: MIDDLEFIELD

| Monitor | ing Requirements | | |
|---|--------------------------|--------------------------|--------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Nitrate (1040) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Nitrite (1041) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | |
| | 1/1/20 - 12/31/20 | | |

Water System Facility and Sampling Point Inventory

| | | | • | | | - | | | |
|-----------------|-----------------------|----------------|----------------------|--------|-------------------|--------------------|----------|-------|--------|
| Water System | Water System Facility | Sampling Point | Sampling Point | | Total Coliform | Lead and Copper | | | Stage |
| Facility ID | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 | 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | · | | | |
| 57088 | WELL 1 | 2 | WELL 1 | Α | | | | | |

| _ | |
|---------|-----------------|
| | Information |
| CONTACT | IINTIAITMETIAIN |

| Name | | | | Organization | | | Job Title | | | |
|------------------------------|-------|-------------|---------------|-----------------------------------|--------------|----------|-----------|----------|-------|--|
| Ms. Jen Huddlesto | n | | | Indian Spring Golf Course Manager | | | | | | |
| Mailing Address Lin | e One | Mailing Add | ress Line Two | | | City | State | Zip Code | | |
| 132 Mack Road | | | | | | Middlefi | eld | СТ | 06455 | |
| Business Phone Extension Fax | | M | obile Phone | Emergency Phone | Email Ad | dress | | | | |
| 960 240 9100 | | | | | 960 240 0259 | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connecticu | t Depa | irtme | ent of | Public | Health | Drir | ıking | g Water | Section | |
|------------------|-------------------|----------|---------|---------|------------|-----------|----------|---------|-------------|------------|-----------------|
| | Wate | er Qua | lity N | Ionit | oring ai | nd Con | nplia | nce S | Schedul | e | |
| PWS ID | PWS Name | | | | | | Classifi | cation | Population | Owner Type | Primary Source |
| CT0820084 | INDIAN SPRING G | OLF COUR | SE | | | | N | С | 25 | Р | GW |
| Local Address (w | here applicable) | | | | Service | Residen | itial Co | mmerci | al Industri | al Combine | ed Agricultural |
| 123 MACK ROAD | | | | | Connection | ıs | | 1 | | | |
| Towns Served: N | IDDLEFIELD | | | | | , | ' | | 1 | <u>'</u> | 1 |
| | Administrative Co | ontact | | | | 000 343 | 3230 | | | | |
| Name | | | | Or | ganization | | | | | Job Title | 5 |
| Indian Springs G | olf Club Inc | | | | | | | | | | |
| Mailing Address | ine One | | Mailing | Address | Line Two | | | | City | State | Zip Code |
| 132 Mack Rd | | | | | | | | Middle | efield | СТ | 06455 |
| Business Phone | Extension | Fax | | Mobil | le Phone | Emergency | / Phone | Email A | Address | | |
| Contact Pole(s): | Legal Contact Ov | wnor | | | | | | | | | |

Contact Role(s): Legal Contact, Owne

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| (| Connectic | ut Depa | rtment o | f Public | Health | Drir | nking | Wate | r Se | ection | |
|--------------------------------|------------------------|--------------|---------------------|-----------------------|-------------|----------|--------------------------|------------|--------------------------|------------|---------------------|
| | Wa | ter Qua | lity Moni | toring a | ind Con | ıplia | nce S | chedi | ıle | | |
| PWS ID F | PWS Name | | | | | Classifi | ication F | opulatio | n Ow | ner Type P | rimary Source |
| CT0820104 L | EVI COE LIBRAF | RY | | | | N | IC | 25 | | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Residen | tial Co | mmercia | l Indust | trial | Combined | Agricultural |
| 414 MAIN STREET | - | | | Connectio | ons | | 1 | | | | |
| Towns Served: M | IDDLEFIELD | | | | | | | | | | |
| | | | Moni | toring Re | quireme | nts | | | | | |
| Water System F | acility: DIST R | IBUTION S | YSTEM (WSF | ID: 00600) | | | | | | | |
| Total Coliform | (3100) | | | | | | | | 1 rou | utine (RT) | per quarter |
| Sampling Po | int (Sampling P | oint ID) | | | Monitori | ng Perio | od Co | llection F | Period | Compl | iance Status |
| Select from I | nventory of Act | ive Sampling | Points | | 10/1/18 - | 12/31/ | ' 18 | | | Co | mplete |
| | | | | | 1/1/19 - | 3/31/1 | .9 | | | Co | mplete |
| | | | | | 4/1/19 - | 6/30/1 | .9 | | | | |
| | | | | | 7/1/19 - | 9/30/1 | .9 | | | | |
| Physical Param | eters (PPS) | | | | | | | | 1 rou | utine (RT) | per quarter |
| | int (Sampling P | | | | Monitori | | | llection F | Period | Compl | iance Status |
| Select from I | nventory of Act | ive Sampling | Points | | 10/1/18 - | | | | | | mplete |
| | | | | | 1/1/19 - | | | | | Co | mplete |
| | | | | | 4/1/19 - | | | | | | |
| | | | | | 7/1/19 - | 9/30/1 | .9 | | | | |
| Water System F | • | Y POINT (V | VSF ID: 00700 | 0) | | | | | | | |
| Nitrate And Nit | • • | | | | | | | | | = | RT) per year |
| | int (Sampling P | oint ID) | | | Monitori | | | llection F | Period | | iance Status |
| ENTRY POIN | Г (3) | | | | 1/1/18 - | | | | | Co | mplete |
| | | | | | 1/1/19 - | | | | | | |
| | | | | | 1/1/20 - | | | | | | |
| | | Water Sy | ystem Faci | lity and S | Sampling | Point | t Inven | itory | | | |
| Water System Water Facility ID | System Facility | | Sampling Poin ID | t Sampling Descriptio | | Sta | Tot Colife Itus Ru | orm Co | d and pper le Tier | | Stage WQP 2 DBPF |
| | BUTION SYSTEM | 1 | 4 | DISTRIBUT | ION SYSTEM | | A Y | | | | |
| | | | DOWNSTREAM | | | | Α | | | | |
| | | | UPSTREAM | | SERVICE CON | | 4 | | | | |
| 00700 ENTRY | POINT | | 3 | ENTRY PO | INT | | Δ | | | | |
| 21450 WELL | | | 2 | WELL | | | 4 | | | | |
| | | | | ntact Info | ormation | | | | | | |
| Name | | | | Organization | 10.3101 | | | | | Job Title | |
| Coe Library Assoc | iation | | | 00200011 | | | | | | 100 1100 | |
| Mailing Address L | | | Mailing Addre | ess Line Two | | | | City | | State | Zip Code |
| 414 Main Street | | | | | | | Middlef | | | CT | 06455 |
| Business Phone | Extension | Fax | Mol | oile Phone | Emergency | Phone | | | | - | · |
| 860-349-3857 | | | | | 3 -7 | | | | | | |
| Contact Role(s): | Legal Contact, (| Owner | | | | | | | | | |

| C | Connectic | ut Depa | rtment | of Public | c Hea | alth | Drin | king | Water | Section | l |
|--------------------|-----------------|-----------|-------------|---------------|----------|----------|--------------------------|---------|--------------|------------|-----------------|
| | Wat | ter Qual | ity Mor | nitoring a | and (| Com | plia | nce S | chedul | le | |
| PWS ID P | WS Name | | | | | (| - Classifi | cation | Population | Owner Type | Primary Source |
| CT0820104 L | EVI COE LIBRAR | RY | | | | | N | С | 25 | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Re | esidenti | ial Co | mmercia | al Industri | al Combin | ed Agricultural |
| 414 MAIN STREET | | | | Connecti | ons | | | 1 | | | |
| Towns Served: MI | DDLEFIELD | | | | | | | | | | |
| Name | | | | Organization | 1 | | | | | Job Titl | е |
| Ms. Jessica Lobne | r | | | Levi & Coe L | ibrary A | Associat | ion | | Director | | |
| Mailing Address Li | ne One | | Mailing Add | ress Line Two | | | | | City | State | Zip Code |
| 414 Main Street | | | | | | | | Middle | field | СТ | 06455 |
| Business Phone | Extension | Fax | М | obile Phone | Emer | rgency I | Phone | Email A | ddress | | |
| 860-349-3857 | 204 | 860-349-2 | 2131 | | 203 | 3-379-7 | 231 | levicoe | libraryJess@ | gmail.com | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | |

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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | partment of | f Public Health | Drin | king V | Vater Se | ection | |
|-------------|---------------------------------|----------------------|----------------------------|----------|----------|--------------|--------------|-----------------------|
| | Water O | uality Monit | toring and Com | plia | nce Sc | hedule | | |
| PWS ID | PWS Name | <u>J</u> | | | | | ner Type | Primary Source |
| CT082013 | 4 MIDDLEFIELD ADMINIST | RATION BLDG | | N | | 25 | L | GW |
| Local Addr | ress (where applicable) | | Service Resident | ial Cor | mmercial | Industrial | Combine | d Agricultural |
| | ON HILL ROAD | | Connections | | 1 | | | |
| Towns Ser | ved: MIDDLEFIELD | | | | | | | |
| | | Monit | oring Requireme | nts | | | | |
| Water Sy | stem Facility: DISTRIBUTIO | N SYSTEM (WSF | D: 00600) | | | | | |
| Total Col | liform (3100) | | | | | 1 rou | ıtine (RT |) per quarter |
| | oling Point (Sampling Point ID) | | Monitorii | ng Perio | od Colle | ction Period | - | oliance Status |
| Selec | t from Inventory of Active Samp | ling Points | 10/1/18 - | 12/31/ | 18 | | (| Complete |
| | | | 1/1/19 - | 3/31/19 | 9 | | (| Complete |
| | | | 4/1/19 - | 6/30/19 | 9 | | | |
| | | | 7/1/19 - | 9/30/19 | 9 | | | |
| Physical | Parameters (PPS) | | | | | 1 rou | ıtine (RT |) per quarter |
| Samp | oling Point (Sampling Point ID) | | Monitorii | ng Perio | od Colle | ction Period | Comp | oliance Status |
| Selec | t from Inventory of Active Samp | ling Points | 10/1/18 - | 12/31/ | 18 | | (| Complete |
| | | | 1/1/19 - | | | | (| Complete |
| | | | 4/1/19 - | | | | | |
| | | | 7/1/19 - | 9/30/19 | 9 | | | |
| Water Sy | stem Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | |
| | And Nitrite (NOX) | | | | | | | (RT) per year |
| | oling Point (Sampling Point ID) | | Monitorii | _ | | ction Period | | oliance Status |
| ENTR | Y POINT (3) | | 1/1/18 - : | | | | (| Complete |
| | | | 1/1/19 - 1 | | | | | |
| | | | 1/1/20 - : | | | | | |
| | Wate | r System Facil | ity and Sampling | Point | Invent | ory | | |
| Water | | | | | Total | | | |
| System | Water System Facility | Sampling Point ID | Sampling Point Description | | Colifor | | Achosta | Stage s WQP 2 DBPR |
| Facility ID | | | DISTRIBUTION SYSTEM | Star | | Kule Her | ASDESIO | S WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | WITHIN 5 SERVICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | | | | | |
| 00700 | ENTRY POINT | | ENTRY POINT | | | | | |
| | | 3 | | A | | | | |
| 49543 | WELL 2 | 2 | WELL 2 | А | 1 | | | |
| 55941 | BLADDER TANK | | | | | | | |
| 58899 | TREATMENT PLANT | _ | | | | | | |
| | | Cor | ntact Information | | | | | |
| Name | | О | rganization | | | | Job Title |) |
| Middlefiel | | | | | | | | |
| Mailing Ac | ddress Line One | Mailing Addres | ss Line Two | | | City | State | Zip Code |

Emergency Phone Email Address

Mobile Phone

Fax

Extension

Business Phone

Contact Role(s): Owner

| (| Jonnecuc | ut Depa | rumen | it oi | Public . | неани | Drii | iking | water | Sec | uon | |
|---------------------------|-----------------|------------|-----------|--------|---------------|-----------|-------------|---------------------------|----------------------|-------|-----------|----------------|
| | Wa | ter Qual | lity Mo | onito | oring ar | nd Con | nplia | nce S | chedul | e | | |
| PWS ID F | PWS Name | | | | | | Classif | ication | Population | Owne | r Type I | Primary Source |
| CT0820134 | MIDDLEFIELD AL | OMINISTRAT | ION BLDG | | | | N | IC | 25 | | L | GW |
| Local Address (wh | ere applicable) | | | | Service | Resider | itial Co | mmercia | l Industri | al C | ombine | d Agricultural |
| 393 JACKSON HILI | L ROAD | | | | Connection | ıs | | 1 | | | | |
| Towns Served: MI | IDDLEFIELD | | | | | " | ' | | | | | |
| Name | | | | Or | ganization | | | | | J | Job Title | |
| Mr. Edward P. Ba | iley | | | To | wn of Middl | efield | | | First Selec | ctman | | |
| Mailing Address L | ine One | | Mailing A | ddress | Line Two | | | | City | | State | Zip Code |
| Land Use Office | | | 405 Main | Street | eet Suite 1 M | | | Middlet | ield | | CT | 06455 |
| Business Phone | Extension | Fax | | Mobil | e Phone | Email A | ail Address | | | | | |
| 860-349-7114 | | 860-349-7 | 7115 | | | 860-985 | -0790 | ebailey | ey@middlefieldct.org | | | |
| Contact Role(s): | Legal Contact | | | | | | | | | | | |
| Name | | | | Or | ganization | | | | | J | Job Title | |
| Mr. Shane Lockw | ood | | | Не | alth Departr | ment | | | | | | |
| Mailing Address L | ine One | | Mailing A | ddress | Line Two | | | | City | | State | Zip Code |
| 196 North Main Street | | | | | | | | Southin | gton | | СТ | 06489 |
| Business Phone | Extension | Fax | | Mobil | e Phone | Emergency | / Phone | Email A | ddress | | | |
| 860-276-6275 860-276-6277 | | | | | | 860-681 | -4478 | lockwoods@southington.org | | | | |
| | • | • | | | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | epartment of | Public H | lealth l | Drir | ıking | g Wa | ater S | ection | | |
|-------------|-----------------------------------|---------------------|--------------|-------------|---------|--------|---------|------------|------------|-----------|----------|
| | Water Q | uality Monit | oring and | d Com | plia | nce S | Sch | edule | | | |
| PWS ID | PWS Name | <i>, J</i> | 0 | | | | | | wner Type | Primary | / Sourc |
| CT082014 | 4 MIDDLEFIELD COMMUN | IITY CENTER & FIREH | IOUSE | | N | | - | 25 | L | | W |
| Local Addr | ress (where applicable) | | Service | Residenti | al Co | mmerci | ial Ir | ndustrial | Combine | d Agri | icultura |
| 405 MAIN | STREET | | Connections | | | 2 | | | | | |
| Towns Ser | ved: MIDDLEFIELD | | - | I | | | | | | l | |
| | | Monit | oring Requ | iiremen | ts | | | | | | |
| Water Sy | stem Facility: DISTRIBUTIO | N SYSTEM (WSF I | D: 00600) | | | | | | | | |
| Total Col | liform (3100) | | | | | | | 1 rc | outine (RT |) per q | uarter |
| Samp | oling Point (Sampling Point ID) | | | Monitoring | g Perio | od C | Collect | ion Perio | d Com | oliance s | Status |
| Selec | t from Inventory of Active Sam | pling Points | | 10/1/18 - 1 | 2/31/ | 18 | | | (| Complet | :e |
| | | | | 1/1/19 - 3 | 3/31/1 | .9 | | | (| Complet | :e |
| | | | | 4/1/19 - 6 | 30/1 | .9 | | | | | |
| | | | | 7/1/19 - 9 | /30/1 | .9 | | | | | |
| Physical | Parameters (PPS) | | | | | | | 1 rc | outine (RT |) per q | uarter |
| Samp | oling Point (Sampling Point ID) | | | Monitoring | g Perio | od C | Collect | ion Perio | d Com | oliance S | Status |
| Selec | t from Inventory of Active Sam | pling Points | | 10/1/18 - 1 | .2/31/ | 18 | | | (| Complet | :e |
| | | | | 1/1/19 - 3 | | | | | (| Complet | :e |
| | | | | 4/1/19 - 6 | 30/1 | .9 | | | | | |
| | | | | 7/1/19 - 9 | /30/1 | .9 | | | | | |
| Water Sy | stem Facility: ENTRY POIN | T (WSF ID: 00700) | | | | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | | | 1 routine | (RT) pe | r year |
| Samp | oling Point (Sampling Point ID) | | | Monitorin | g Perio | od C | Collect | ion Perio | d Com | oliance S | Status |
| ENTR | Y POINT (3) | | | 1/1/18 - 1 | | | | | (| Complet | :e |
| | | | | 1/1/19 - 1 | | | | | | | |
| | | | | 1/1/20 - 1 | 2/31/2 | 20 | | | | | |
| | Wate | r System Facili | ity and Sar | npling F | Point | t Inve | nto | r y | | | |
| Water | | | | | | T | otal | Lead an | d | | |
| System | Water System Facility | Sampling Point | | nt | | | iform | | | | Stage |
| Facility ID |) | ID | Description | | Sta | itus F | Rule | Rule Ti | er Asbesto | s WQP | 2 DBP |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | F | 4 | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SEF | VICE CON | A | 4 | | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | F | 4 | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | P | 4 | | | | | |
| 21453 | WELL | 2 | WELL | | A | 4 | | | | | |
| 55967 | ATMOSPHERIC | | | | | | | | | | |
| 55969 | BLADDER | | | | | | | | | | |
| | | Con | tact Inform | mation | | | | | | | |
| Name | | 0 | rganization | | | | | | Job Title | 2 | |
| Middlefiel | ld Health Department | | | | | | | | | | |
| | ddress Line One | Mailing Addres | s Line Two | | | | C | ity | State | Zip (| Code |
| | | | | | | 1 | | | | - | |

Mobile Phone

Middlefield

Emergency Phone Email Address

 CT

06455

393 Jackson Hill Road

Extension

Contact Role(s): Legal Contact, Owner

Fax

Business Phone

860-349-7114

| C | onnectic | ut Depa | irtme | nt or | Public | Healtr | ווזעו | nking | g water | Section | 1 |
|-------------------|-----------------|----------|------------|---------|--------------|----------|----------|---------|------------|-------------|--------------|
| | Wat | ter Qua | lity M | Ionite | oring ai | nd Con | nplia | nce S | Schedu | le | |
| PWS ID P | WS Name | | | | | | Classi | ication | Population | Owner Type | Primary Sou |
| CT0820144 | /IDDLEFIELD CO | OMMUNITY | CENTER | & FIREH | OUSE | | N | 1C | 25 | L | GW |
| Local Address (wh | ere applicable) | | | | Service | Resider | ntial Co | ommerci | al Industr | ial Combir | ed Agricultu |
| 405 MAIN STREET | | | Connection | ıs | | 2 | | | | | |
| Towns Served: MI | DDLEFIELD | | | | | | | | ' | <u> </u> | |
| Name | | | | Or | ganization | | | | | Job Tit | le |
| Mr. Shane Lockw | ood | | | He | alth Departi | ment | | | | | |
| Mailing Address L | ine One | | Mailing | Address | Line Two | | | | City | State | Zip Code |
| 196 North Main S | treet | | | | | | | Southi | ngton | СТ | 06489 |
| Business Phone | Extension | Fax | | Mobil | e Phone | Emergenc | y Phone | Email A | Address | , | |
| 860-276-6275 | | 860-276- | 6277 | | | 860-681 | -4478 | lockwo | ods@south | nington.org | |
| Contact Role(s): | Administrative | Contact | ' | | 1 | | | ' | | | |

Connecticut Department of Dublic Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department Water Quality | ment of Public H y Monitoring and | | | C | , | | 1 | |
|-----------------|--------------------------------------|--------------------------------------|---------|-------|-------------|-------------|------------|----|--------------|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Pr | imary Source |
| CT0820164 | PECKHAM PARK | | | | NC | 25 | L | | GW |
| Local Address | (where applicable) | Service | Residen | itial | Commerci | al Industri | ial Combir | ed | Agricultural |
| 405 MAIN STREET | | Connections | | | 1 | | | | |
| T 6 1 | MIDDLEFIELD | · | | | | ' | <u>'</u> | | |

| Towns Served: MIDDLEFIELD | | | | | | |
|---|------------------|-------------|-----------|------------------|---------------------------|------------|
| M | onitoring Requ | irement | ts | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | |
| Total Coliform (3100) | | | | 1 | routine (RT) ¡ | er month |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | od Complia | nce Status |
| Select from Inventory of Active Sampling Points | | 4/1/19 - 4, | /30/19 | | | |
| | | 5/1/19 - 5, | /31/19 | | | |
| | | 6/1/19 - 6, | /30/19 | | | |
| | | 7/1/19 - 7, | /31/19 | | | |
| | | 8/1/19 - 8, | /31/19 | | | |
| | | 9/1/19 - 9, | /30/19 | | | |
| Physical Parameters (PPS) | | | | 1 | routine (RT) _ا | er month |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | od Complia | nce Status |
| DISTRIBUTION SYSTEM (4) | | 4/1/19 - 4/ | /30/19 | | | |
| | | 5/1/19 - 5, | /31/19 | | | |
| | | 6/1/19 - 6, | /30/19 | | | |
| | | 7/1/19 - 7, | /31/19 | | | |
| | | 8/1/19 - 8, | | | | |
| | | 9/1/19 - 9, | /30/19 | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | |
| Nitrate And Nitrite (NOX) | | | | | 1 routine (R7 |) per year |
| Sampling Point (Sampling Point ID) | | Monitoring | | Collection Perio | | nce Status |
| ENTRY POINT (3) | | 1/1/18 - 12 | | 4/1-9/30 | Con | nplete |
| | | 1/1/19 - 12 | | 4/1-9/30 | | |
| | | 1/1/20 - 12 | ./31/20 | 4/1-9/30 | | |
| Oth | er Compliance | Schedu | les | | | |
| Compliance Schedule Activity | | Du | e Date | Achieve | ed Date | |
| SEASONAL START UP COMPLETION | | 4/: | 1/2019 | | | |
| Public | Notification R | equiren | nents | | | |
| | Compliance | Notice | Public | Notification | PN Certi | fication |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 7/1/18 - 7/31/18 | 3 | 11/13/201 | 19 | 11/23/2019 | |
| Physical Parameters M&R Violation | 7/1/18 - 7/31/18 | 3 | 11/20/201 | 19 | 11/30/2019 | |
| Water System I | Facility and Sar | npling P | oint Inv | entory | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | | Asbestos | WQP | Stage 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | PP01 | WATER FOUNTAIN #1 | Α | Υ | | | | |
| | | PP03 | KITCHEN SINK | Α | Υ | | | | |
| | | PP04 | WATER FOUNTAIN #2 | Α | Υ | | | | |

| | Water Quality M | lonitoring and | d Con | npl | liance S | Schedul | e | |
|----------------------------------|--------------------|----------------|----------------|-------|------------|-------------|----------------|-----------------|
| PWS ID PWS Name | | | Classification | | Population | Owner Type | Primary Source | |
| CT0820164 | 20164 PECKHAM PARK | | | | NC | 25 | L | GW |
| Local Address (where applicable) | | Service | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 405 MAIN STR | EET | Connections | | | 1 | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

| | | , | Nater Sy | /stem Facili | ity and S | Sampling Poi | int In | vento | ry | | |
|-------------|------------|----------------|-----------|-----------------|-------------|---------------------|--------|-----------|--------------|-----------|------------|
| Water | | | | | | | | Total | Lead and | | |
| System | Water S | ystem Facility | | Sampling Point | Sampling I | Point | | Coliform | Copper | | Stage |
| Facility ID | | | | ID | Descriptio | n g | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| | | | | PP05 | WATER FO | UNTAIN #5 | Α | | | | |
| | | | | UPSTREAM | WITHIN 5 | SERVICE CON | Α | | | | |
| 00700 | ENTRY P | OINT | | 3 | ENTRY POI | INT | Α | | | | |
| 21455 | WELL | | | 2 | WELL | | Α | | | | |
| | | | | Con | tact Info | ormation | | | | | |
| Name | | | | 0 | rganization | | | | | Job Title | |
| Mr. Lee N | /I. Vito | | | To | own of Mido | dlefield | | Saı | nitarian | | |
| Mailing A | ddress Lin | e One | | Mailing Address | s Line Two | | | C | ity | State | Zip Code |
| | | | | 405 Main Stree | t, Suite 1 | | Mi | ddlefield | | СТ | 06455 |
| Busines | s Phone | Extension | Fax | Mobi | le Phone | Emergency Pho | ne Em | ail Addre | SS | | |
| 860-34 | 9-7123 | 14 | 860-349-8 | 3537 | | 860-349-7113 | lvit | o@midd | efieldct.org | 5 | |
| Contact R | ole(s): Le | gal Contact | | 1 | | | , | | | | |
| Name | , | | | 0 | rganization | | | | | Job Title | |
| Mr. Shane | e Lockwoo | od | | He | ealth Depar | tment | | | | | |
| Mailing A | ddress Lin | e One | | Mailing Address | s Line Two | | | С | ity | State | Zip Code |
| 196 North | n Main Str | eet | | | | | Soi | uthingtor | 1 | СТ | 06489 |
| Busines | s Phone | Extension | Fax | Mobi | le Phone | Emergency Pho | ne Em | ail Addre | SS | | |
| 860-27 | 6-6275 | | 860-276-6 | 5277 | | 860-681-4478 | loc | kwoods@ | southingto | n.org | |

Please note the following:

Contact Role(s): Administrative Contact

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 20

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0820234 | ST. COLMAN CHURCH | | | | NC | 25 | Р | GW |
| Local Address (v | where applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 170 HUBBARD S | STREET | Connections | | | 1 | | | |

Towns Served: MIDDLEFIELD

| V | /lon | itori | ng l | Requ | uiren | nents |
|---|------|-------|------|------|-------|-------|
| | | | | | | |

| Wat | er System | Facility: | DISTRIBUTION SYSTEM | (WSF ID: 00600) |
|-----|-----------|-----------|---------------------|-----------------|
|-----|-----------|-----------|---------------------|-----------------|

| Total Coliform (3100) | | 1 routin | | | | |
|---|--------------------|--------------------------|-------------------|--|--|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | |
| | 4/1/19 - 6/30/19 | | | | | |
| | 7/1/19 - 9/30/19 | | | | | |

| Physical Parameters (PPS) | 1 rout | ine (RT) per quarter | |
|---|--------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX) | 1 r | outine (RT) per year | |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |

| Public Notification Requirements | | | | | | | | | |
|-----------------------------------|--|------|-----------|-----------|------------|----------|--|--|--|
| | Compliance Notice <u>Public Notification</u> <u>PN Certification</u> | | | | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | |
| Total Coliform M&R Violation | 4/1/10 - 6/30/10 | 2 | 9/22/2010 | | 10/2/2010 | | | | |
| Total Coliform M&R Violation | 10/1/13 - 12/31/13 | 2 | 6/5/2014 | | 6/15/2014 | | | | |
| Physical Parameters M&R Violation | 10/1/13 - 12/31/13 | 3 | 5/6/2015 | | 5/16/2015 | | | | |

Water System Facility and Sampling Point Inventory

| Water System | Water System Facility | Sampling Point | Sampling Point | | Total Coliform | Lead and Copper | | Sta | ıge |
|-----------------|-----------------------|----------------|----------------------|--------|-------------------|--------------------|----------|----------|-----|
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DI | BPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 21462 | WELL | 2 | WELL | Α | | | | | |
| 61115 | TREATMENT PLANT | | | | | | | | |

| | | Contact Information | | | | |
|--------------------------|--------------------|---------------------|---------|------|-----------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Gregory P. Galvin | St. Coleman Church | Administrat | or | | | |
| Mailing Address Line One | Mailing Ad | dress Line Two | | City | State | Zip Code |
| 145 Hubbard Street | P.O. Box 45 | 57 | Middlef | ield | СТ | 06455 |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| C | onnectic | ut Depa | rtme | nt of | Public | Health | Drii | nking ' | Water | Sec | ction | |
|------------------------------|-----------------|----------|---------|---------|------------|-----------|-----------------------------|-----------|--------------|------|-----------|----------------|
| | Wa | ter Qua | lity M | onito | oring a | nd Con | nplia | nce So | chedul | e | | |
| PWS ID P | WS Name | | | | | | Classif | ication P | opulation | Own | er Type | Primary Source |
| CT0820234 S | Г. COLMAN CH | URCH | | | | | N | IC | 25 | | Р | GW |
| Local Address (who | ere applicable) | | | | Service | Residen | tial Co | mmercial | Industria | al (| Combine | d Agricultural |
| 170 HUBBARD STR | EET | | | | Connection | ns | | 1 | | | | |
| Towns Served: MII | ODLEFIELD | | | | | | | | | | | |
| Business Phone Extension Fax | | | | Mobile | e Phone | Emergency | ergency Phone Email Address | | | | | |
| 860-349-3868 | | 860-349- | 3150 | | | | | | | | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | | |
| Name | | | | Or | ganization | | | | | | Job Title | <u>;</u> |
| Father Anthony D | . Dimarco | | | St. | Colman Ch | urch | | | Priest | | | |
| Mailing Address Li | ne One | | Mailing | Address | Line Two | | | | City | | State | Zip Code |
| 145 Hubbard Stree | et | | | | | | | Middlefi | Middlefield | | СТ | 06455-0457 |
| Business Phone | Extension | Fax | | Mobile | e Phone | Emergency | / Phone | Email Ad | nail Address | | | |
| 860-647-1725 | | | | | | | | | | | | |
| Contact Role(s): | egal Contact | | , | | ' | | | | | | | |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Conr | necticut Depa | | | | | • | | | | ction | |
|-------------|-----------------|---|---------------|--------------------|-----------|----------|--------------------|----------|----------|----------|------------|----------------|
| | | Water Qual | lity Moni | toring and | d Con | _ | | | | | | |
| PWS ID | PWS Na | ame | | | | Classif | cation | Popu | lation | Owr | ner Type [| Primary Source |
| CT082025 | VICTOR | Y TABERNACLE CHUR | CH | | | N | С | 2 | 25 | | Р | GW |
| Local Add | ress (where ap | plicable) | | Service | Residen | itial Co | mmerc | ial In | ndustria | al | Combined | d Agricultura |
| 191 MERI | DAN ROAD | | | Connections | | | 1 | | | | | |
| Towns Sei | rved: MIDDLEF | IELD | | | | | | | | | | |
| | | | Monit | toring Requ | iireme | nts | | | | | | |
| Water Sy | stem Facility | DISTRIBUTION S | YSTEM (WSF | ID: 00600) | | | | | | | | |
| Total Co | liform (3100 |) | | | | | | | 1 | rou | itine (RT) | per quarter |
| Sam | pling Point (Sa | mpling Point ID) | | | Monitori | ing Peri | od (| Collecti | ion Per | riod | Comp | liance Status |
| Selec | ct from Invento | ory of Active Sampling | Points | 10/1/18 - 12/31/18 | | | | | | C | omplete | |
| | | | | | 1/1/19 - | - 3/31/1 | 9 | | | | C | omplete |
| | | | | | 4/1/19 - | - 6/30/1 | 9 | | | | | |
| | | | | | 7/1/19 - | - 9/30/1 | 9 | | | | | |
| Physical | Parameters | (PPS) | | | | | | | 1 | rou | itine (RT) | per quarter |
| - | | mpling Point ID) | | | Monitori | ing Peri | od (| Collecti | ion Per | | | liance Status |
| Selec | ct from Invento | ory of Active Sampling | Points | | 10/1/18 - | - 12/31/ | 18 | | | | C | omplete |
| | | | | | 1/1/19 - | - 3/31/1 | 9 | | | | C | omplete |
| | | | | | 4/1/19 - | - 6/30/1 | 9 | | | | | · |
| | | | | | 7/1/19 - | | | | | | | |
| Water Sy | stem Facility | ENTRY POINT (V | VSF ID: 00700 |) | | | | | | | | |
| Nitrate A | And Nitrite (| NOX) | | | | | | | | 1 | routine (| RT) per year |
| Sam | pling Point (Sa | mpling Point ID) | | | Monitori | ing Peri | od (| Collecti | ion Per | | - | liance Status |
| ENTF | RY POINT (3) | | | | 1/1/18 - | 12/31/2 | 18 | | | | C | omplete |
| | | | | | 1/1/19 - | 12/31/2 | 19 | | | | | |
| | | | | | 1/1/20 - | | | | | | | |
| | | Water Sv | stem Faci | lity and Sar | npling | Poin | t Inve | entor | ſV | | | |
| Water | | | | | ı o | | | | Lead (| and | | |
| | Water System | n Facility | Sampling Poin | t Sampling Poi | nt | | | | Сорр | | | Stage |
| Facility ID | | | ID | Description | | Sta | | Rule | | | Asbestos | WQP 2 DBPI |
| 00600 | DISTRIBUTIO | N SYSTEM | 101 | DSR-KITCHEN | PREP SIN | | 4 | Υ | | | | |
| | | | 4 | DISTRIBUTION | N SYSTEM | 1 / | Ą | Υ | | | | |
| | | | DOWNSTREAM | 1 WITHIN 5 SER | VICE COI | N A | Ą | | | | | |
| | | | UPSTREAM | WITHIN 5 SER | VICE COI | N A | A | | | | | |
| 00700 | ENTRY POINT | | 3 | ENTRY POINT | | | 4 | | | | | |
| 21464 | WELL | | 2 | WELL | | | 4 | | | | | |
| 7 | | | | ntact Inforr | nation | | | | | | | |
| Name | | | | Organization | Hation | | | | | | Job Title | |
| Mr. Peter | ادما | | | /ictory Taberacl | a Church | | | Dac | tor-Pre | scida | | |
| | | 9 | Mailing Addre | * | e Chulch | | | | | siue | State | 7in Codo |
| | ddress Line On | e ———————————————————————————————————— | _ | | | | City Middletown | | | Zip Code | | |
| ZZU IVIarg | arite Road | | P O Box 219 | | M | | | | | СТ | 06457 | |

Emergency Phone Email Address

Mobile Phone

Business Phone

860-704-0228

Extension

Contact Role(s): Legal Contact, Owner

Fax

| | Connectic | ut Depa | rtment | of I | Public F | lealth | Dri | ıking | Water | Section | | | |
|-------------------|------------------|-----------|--------------|-------------|-------------|-----------|----------|--------------------|-------------|------------|-----------------|--|--|
| | Wat | ter Qua | lity Mo | nito | ring an | d Con | nplia | nce S | Schedul | le | | | |
| PWS ID | PWS Name | | | | | | Classif | ication | Population | Owner Type | Primary Source | | |
| CT0820254 | | | | | | | NC | | 25 | Р | GW | | |
| Local Address (w | here applicable) | | | S | Service | Resider | ntial Co | mmerci | al Industri | al Combin | ed Agricultural | | |
| 191 MERIDAN RO | DAD | | C | Connections | | | 1 | | | | | | |
| Towns Served: M | IIDDLEFIELD | | | | | | | | | - | | | |
| Name | | | | Orga | anization | | | | | Job Titl | e | | |
| Pastor Geoffrey | F. Scott | | | Vict | ory Taberna | cle Churc | :h | | Associate | Pastor | | | |
| Mailing Address I | Line One | | Mailing Add | dress L | ine Two | | | | City | State | Zip Code | | |
| | | | P. O. Box 22 | 19 | | | | Middlefield | | СТ | 06455 | | |
| Business Phone | e Extension | Fax | N | ∕lobile | Phone E | mergency | y Phone | Email A | Address | | | | |
| 860-346-6771 | 207 | 860-346-0 | 6554 | | | 860-346 | -6771 | geoffatutc@aol.com | | | | | |
| Contact Role(s): | Administrative | Contact | - | | | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Co | nnectici | ut Depa | rtment | of Public | c Health | Dri | nking ' | Water | Sec | ction | |
|-------------------|------------------|---------------|-------------|--------------|---------------|-------------|--------|-------------|------------|---------|-----------|---------------|
| | | Wat | er Qual | lity Mor | nitoring a | and Con | plia | ance So | chedul | le | | |
| PWS ID | PWS | Name | | | | | Classi | ification P | opulation | Owne | er Type P | rimary Source |
| CT0820264 | I WAE | SWORTH FA | ALLS/BATHR | OOM WELL | | | | NC | 527 | | S | GW |
| Local Addre | ess (where | applicable) | | | Service | Residen | tial C | Commercial | Industri | ial C | Combined | Agricultural |
| ROUTE 157 | 7 | | | | Connecti | ons 2 | | | | | | |
| Towns Serv | ved: MIDDI | LEFIELD | | | | | | | | | | |
| | | | | Mon | itoring Re | equireme | nts | | | | | |
| Water Sys | stem Facil | ity: DISTR | IBUTION SY | STEM (WS | SF ID: 00600) | | | | | | | |
| Total Coli | iform (31 | .00) | | | | | | | 1 | l rout | ine (RT) | per quarter |
| Samp | ling Point | Sampling Po | oint ID) | | | Monitori | | | lection Pe | riod | Compl | iance Status |
| Select | from Inve | ntory of Acti | ve Sampling | Points | | 4/1/19 - | 6/30/ | ′ 19 | | | | |
| | | | | | | 7/1/19 - | 9/30/ | ' 19 | | | | |
| Physical F | Paramete | rs (PPS) | | | | | | | 1 | Lrout | ine (RT) | per quarter |
| Samp | ling Point | Sampling Po | oint ID) | | | Monitori | ng Pei | riod Col | lection Pe | riod | Compl | iance Status |
| Select | from Inve | ntory of Acti | ve Sampling | Points | | 4/1/19 - | 6/30/ | ' 19 | | | | |
| | | | | | | 7/1/19 - | 9/30/ | ′ 19 | | | | |
| Water Sys | stem Facil | ity: ENTRY | POINT (W | /SF ID: 0070 | 00) | | | | | | | |
| Nitrate A | nd Nitrite | (NOX) | | | | | | | | 1 r | outine (F | RT) per year |
| Samp | ling Point | Sampling Po | oint ID) | | | Monitori | ng Pei | riod Col | lection Pe | riod | Compl | iance Status |
| ENTR\ | Y POINT (3) | | | | | 1/1/18 - | 12/31 | /18 | 4/1-9/30 | 1 | Co | omplete |
| | | | | | | 1/1/19 - | 12/31 | /19 | 4/1-9/30 | 1 | | |
| | | | | | | 1/1/20 - | 12/31 | /20 | 4/1-9/30 | ١ | | |
| | | | | Other | Complia | nce Sched | ules | • | | | | |
| Compliance | e Schedule | Activity | | | | ı | Due D | ate | Achie | eved D | ate | |
| SEASONAL | START UP | COMPLETIO | N | | | 4 | 4/1/20 | 019 | | | | |
| | | | Water Sy | stem Fa | cility and | Sampling | Poir | nt Inven | tory | | | |
| Water | | | | | | | | Tota | al Lead | and | | |
| • | Water Sys | tem Facility | 2 | Sampling Po | int Sampling | | | Colife | | - | | Stage |
| Facility ID | | | | ID | Description | on | St | tatus Ru | le Rule | Tier | Asbestos | WQP 2 DBPI |
| 00600 | DISTRIBUT | ION SYSTEM | | 4 | DISTRIBU | TION SYSTEM | | A Y | | | | |
| | | | | DOWNSTREA | AM WITHIN 5 | SERVICE CON | ١ | Α | | | | |
| | | | | UPSTREAM | M WITHIN 5 | SERVICE CON | ١ | Α | | | | |
| 00700 | ENTRY PO | NT | | 3 | ENTRY PC | DINT | | Α | | | | |
| 21465 | WELL | | | 2 | WELL | | | Α | | | | |
| | | | | C | ontact Inf | ormation | | | | | | |
| Name | | | | | Organization |) | | | | | Job Title | |
| Mr. David | Cooley | | | | Deep-Engine | ering Unit | | | Supv Civil | l Engin | eer | |
| Mailing Ad | dress Line | One | | Mailing Add | ress Line Two | | | | City | | State | Zip Code |
| 163 Great I | Hill Road | | | | | | | Portland | | | СТ | 06480 |
| Business | Phone | Extension | Fax | M | obile Phone | Emergency | Phon | e Email Ad | ldress | | - | |
| 860-342 | -2215 | | 860-344-2 | 2560 86 | 50-205-7552 | 860-424- | 3333 | david.co | oley@ct.g | OV | | |
| | | | | | | • | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| <u> </u> | | | 1 | | | |
|-------------------------------|--|---|-------------------------------|--|--|---|
| PWS Name | | | Classification | Population | Owner Type | Primary Source |
| WADSWORTH FALLS/BATHROOM WELL | | | NC | 527 | S | GW |
| here applicable) | Service | Residen | ntial Commerci | al Industri | al Combine | ed Agricultural |
| | Connections | 2 | | | | |
| | WADSWORTH FALLS/BATHROOM WELL here applicable) | WADSWORTH FALLS/BATHROOM WELL here applicable) Service | WADSWORTH FALLS/BATHROOM WELL | WADSWORTH FALLS/BATHROOM WELL NC here applicable) Service Residential Commercial | WADSWORTH FALLS/BATHROOM WELLNC527here applicable)ServiceResidentialCommercialIndustrial | WADSWORTH FALLS/BATHROOM WELL NC 527 S here applicable) Service Residential Commercial Industrial Combine |

Towns Served: MIDDLEFIELD

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | |
|---------------|--|-------------|---------|-------|-------------|-----------|------|-----------|--------------|--|--|
| | Water Quality Mor | nitoring an | d Con | npl | liance S | Schedu | ıle | | | | |
| PWS ID | PWS Name | | | Cla | ssification | Populatio | n Ov | wner Type | Primary Sour | | |
| CT0829073 | LYMAN ORCHARDS - LABOR CAMP | | | | NC | 45 | | Р | GW | | |
| Local Address | (where applicable) | Service | Resider | ntial | Commerci | al Indust | rial | Combine | d Agricultur | | |
| 105 SOUTH ST | REET | | | | | | 5 | | | | |
| Towns Served | owns Served: MIDDLFFIFLD | | | | | | | | | | |

| Local Address (where applicable) | | Service | Residential | Comm | ierciai i | ndustrial | Combined | Agricultural | |
|---|-------------------|-------------------|--------------|---------|-----------|-------------|--------------|--------------|--|
| 105 SOUTH STREET | | Connections | | | | | 5 | | |
| Towns Served: MIDDLEFIELD | | | | ' | | | | | |
| | Monito | oring Requ | iirement | S | | | | | |
| Water System Facility: DISTRIBUTIC | ON SYSTEM (WSF I | D: 00600) | | | | | | | |
| Total Coliform (3100) | | | | | | 1 ro | utine (RT) ¡ | er quarter | |
| Sampling Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Period | Compli | ance Status | |
| Select from Inventory of Active Sam | pling Points | | 10/1/18 - 12 | /31/18 | | | Co | mplete | |
| | | | 1/1/19 - 3/ | 31/19 | | | Co | mplete | |
| | | | 4/1/19 - 6/ | 30/19 | | | | | |
| | | | 7/1/19 - 9/ | 30/19 | | | | | |
| Physical Parameters (PPS) | | | | | | 1 ro | utine (RT) լ | er quarter | |
| Sampling Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Period | l Compli | ance Status | |
| Select from Inventory of Active Sam | pling Points | | 10/1/18 - 12 | /31/18 | | | Co | Complete | |
| | | | 1/1/19 - 3/ | 31/19 | | | Co | mplete | |
| | | | 4/1/19 - 6/ | 30/19 | | | | | |
| | | | 7/1/19 - 9/ | 30/19 | | | | | |
| Water System Facility: ENTRY POIN | T (WSF ID: 00700) | | | | | | | | |
| Nitrate And Nitrite (NOX) | | | | | | 1 | routine (R | T) per year | |
| Sampling Point (Sampling Point ID) | | Monitoring Period | | | Collec | tion Period | Compli | ance Status | |
| ENTRY POINT (3) | | 1/1/18 - 12/31/18 | | | | | Co | mplete | |
| | | | 1/1/19 - 12/ | /31/19 | | | Co | mplete | |
| | | | 1/1/20 - 12/ | /31/20 | | | | | |
| | Other C | ompliance | Schedul | es | | | | | |
| Compliance Schedule Activity | | | Due | e Date | | Achieved | Date | | |
| CROSS CONNECTION SURVEY REPORT | | | 3/1 | /2020 | | | | | |
| Wate | er System Facili | ity and Sar | npling Po | oint Ir | vento | ry | | | |
| Water | | | | | Total | Lead and | 1 | | |
| System Water System Facility | Sampling Point | | nt | | Coliforn | | | Stage | |
| Facility ID | ID | Description | | Status | Rule | Rule Tie | r Asbestos | WQP 2 DBPI | |
| 00600 DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | Α | Υ | | | | |
| | DOWNSTREAM | WITHIN 5 SEF | RVICE CON | Α | | | | | |
| | MW001 | BREAK ROOM | 1 | Α | Υ | | | | |
| | MW002 | MAINTENANO | CE SINK | Α | | | | | |
| | MW003 | BLDG 1 KITCH | IEN | Α | Υ | | | | |
| | MW004 | BLDG 3 BATH | RM SINK 1 | Α | Υ | | | | |
| | | | | _ | | | | | |

BLDG 3 BATHRM SINK 2

WITHIN 5 SERVICE CON

ENTRY POINT

WELL A

Υ

Page 27

Α

Α

Α

Α

MW005

UPSTREAM

3

2

00700

60341

60344

ENTRY POINT

BLADDER TANK

WELL A

Schedule Generation Date: 4/11/2019

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
|------------------|-----------------------------|-------------|---------|----------------|-------------|------------|-----------------|
| CT0829073 | LYMAN ORCHARDS - LABOR CAMP | | | NC | 45 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | tial Commerci | al Industri | al Combine | ed Agricultural |
| 105 SOUTH STR | EET | Connections | | | | 5 | |

Towns Served: MIDDLEFIELD

| Contact Information | | | | | | | | | | | |
|--------------------------------------|-----------|-----------|----------------|-------------|--------------|--------------------|---------------------------|-------|-----------|-------|--|
| Name | | | | Organiza | Organization | | | | Job Title | | |
| Mr. John Lyman | | | | Lyman O | rcha | ards Country Farms | | Owner | | | |
| Mailing Address Line One Mailing Add | | | Address Line 1 | Γwο | | | City | State | Zip Code | | |
| PO Box 453 | | | | | | | Middlef | ield | СТ | 06455 | |
| Business Phone | Extension | Fax | | Mobile Phor | ne | Emergency Phone | Email Address | | | | |
| 860-349-1793 | 6001 | 203-349-2 | 1424 | | | | JLYMAN3@LYMANORCHARDS.COM | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department | of Public H | lealth | D | rinking | , Water | Section | 1 | |
|---------------------|--|---------------|---------|-------|-------------|--------------------------|------------|-------|--------------|
| | Water Quality Mor | nitoring an | d Con | npl | iance S | Schedul | e | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Typ | e Pr | imary Source |
| СТ0829074 | GOLF CENTER AT LYMAN ORCHARDS | | | | NC | 25 | Р | | GW |
| Local Address | (where applicable) | Service | Resider | tial | Commerci | al Industri | al Combi | ned | Agricultural |
| 700 MAIN STREET | | Connections | | 1 | | | | | |
| Towns Served | : MIDDLEFIELD | | | | , | | , | | |
| | Mor | nitoring Requ | iireme | nts | ; | | | | |
| Water Syster | m Facility: DISTRIBUTION SYSTEM (W | SF ID: 00600) | | | | | | | |
| Total Colifor | rm (3100) | | | | | 1 | routine (F | T) p | er quarter |
| Sampling | g Point (Sampling Point ID) | | Monitor | ing F | Period C | Collection Period | | nplic | ınce Status |
| Select fro | om Inventory of Active Sampling Points | | 10/1/18 | - 12/ | 31/18 | | | Cor | nplete |
| | | | 1/1/19 | - 3/3 | 1/19 | | | Cor | nplete |
| | | | 4/1/19 | - 6/3 | 0/19 | | | | |
| | | | 7/1/19 | - 9/3 | 0/19 | | | | |
| Physical Par | rameters (PPS) | | | | | 1 | routine (F | T) p | er quarter |
| Sampling | g Point (Sampling Point ID) | | Monitor | ing F | Period C | ollection Pe | riod Cor | nplic | ınce Status |

| Physical Parameters (PPS) | 1 rout | ine (RT) per quarter | |
|---|--------------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |

| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
|--|--------------------------|--------------------------|--------------------------|
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2020

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | |
| 58074 | WELL #1 | 2 | WELL #1 | Α | | | | | | | |
| 58076 | BLADDER TANK (WX 202) | | | | | | | | | | |

| | • | | | | | | | | |
|-------------------------------------|---------------|--------------|-----------------|--------------|--------------------|---------------------------|----------|----|-------|
| | | | | Contact Inf | formation | | | | |
| Name | | | | Organizatio | n | Job Title | | | |
| Mr. John Lyman | | | | Lyman Orch | ards Country Farms | Owner | | | |
| Mailing Address Line One Mailing Ad | | | ddress Line Two | City | | State | Zip Code | | |
| PO Box 453 | | | | | | Middlef | ield | СТ | 06455 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ddress | | |
| 860-349-1793 | 6001 | 203-349- | 1424 | | | JLYMAN3@LYMANORCHARDS.COM | | | |
| Contact Role(s): A | dministrative | Contact, Leg | al Contac | t, Owner | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | water quanty monitoring and compliance beneaute | | | | | | | | | |
|----------------------------------|---|-------------|---------|-------|-------------|-------------|------------|---------------------------------------|--|--|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | |
| СТ0829074 | GOLF CENTER AT LYMAN ORCHARDS | | NC | 25 | Р | GW | | | | |
| Local Address (where applicable) | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | | |
| 700 MAIN STREET | | Connections | | | 1 | | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |

Towns Served: MIDDLEFIELD

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | 0 | | 'D lle ti | LID | . 1 | | I | | |
|-----------------|---------------------------------|----------------------|----------------|---------------|-----------|----------|--------------|--------------|--------------|
| | | Department of | | | | | | ection | |
| | Water | Quality Monit | oring and | | | | | | |
| PWS ID | PWS Name | | | Cla | ssificati | ion Pop | oulation Ov | vner Type Pr | imary Source |
| CT082028 | 4 144 MERIDEN RD | | | | NC | | 25 | Р | GW |
| Local Add | ress (where applicable) | | Service | Residential | Comm | nercial | Industrial | Combined | Agricultural |
| 144 MERII | DEN ROAD | | Connections | | | | | 1 | |
| Towns Ser | ved: MIDDLEFIELD | | | | | | | | |
| | | Monito | oring Requ | irements | 5 | | | | |
| Water Sy | stem Facility: DISTRIBUT | ION SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Co | liform (3100) | | | | | | 1 ro | utine (RT) բ | er quarter |
| Samp | oling Point (Sampling Point II | D) | | Monitoring I | Period | Colle | ction Period | d Compli | ance Status |
| Selec | ct from Inventory of Active Sa | mpling Points | : | 10/1/18 - 12/ | /31/18 | | | Co | mplete |
| | | | | 1/1/19 - 3/3 | 31/19 | | | Co | mplete |
| | | | | 4/1/19 - 6/3 | 80/19 | | | | |
| | | | | 7/1/19 - 9/3 | 80/19 | | | | |
| Physical | Parameters (PPS) | | | | | | 1 ro | utine (RT) p | er quarter |
| Sam | oling Point (Sampling Point II | D) | | Monitoring I | Period | Colle | ction Period | d Compli | ance Status |
| Selec | t from Inventory of Active Sa | mpling Points | : | 10/1/18 - 12/ | /31/18 | | | Co | mplete |
| | | | | 1/1/19 - 3/3 | 31/19 | | | Co | mplete |
| | | | | 4/1/19 - 6/3 | 80/19 | | | | |
| | | | | 7/1/19 - 9/3 | 80/19 | | | | |
| Water Sy | stem Facility: ENTRY POI | NT (WSF ID: 00700) | | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | : | L routine (R | T) per year |
| Samp | oling Point (Sampling Point II | D) | | Monitoring I | Period | Colle | ction Period | d Compli | ance Status |
| ENTR | RY POINT (3) | | | 1/1/18 - 12/ | 31/18 | | | Co | mplete |
| | | | | 1/1/19 - 12/ | 31/19 | | | Co | mplete |
| | | | | 1/1/20 - 12/ | 31/20 | | | | |
| | Wat | ter System Facili | ty and Sar | npling Po | int Ir | nvent | ory | | |
| Water | | | | | | Total | Lead an | d | |
| System | Water System Facility | Sampling Point | | nt | | Coliforn | n Copper | | Stage |
| Facility ID | | ID | Description | | Status | Rule | Rule Tie | r Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION | 10 | BACKROOM T | ΆP | Α | Υ | | | |
| | | 4 | DISTRIBUTION | J | Α | Υ | | | |
| | | DOWNSTREAM | DISTRIBUTION | J | Α | Υ | | | |
| | | UPSTREAM | DISTRIBUTION | V | Α | Υ | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | Α | | | | |
| 60500 | WELL #1 | 2 | WELL #1 | | Α | | | | |
| | | Con | tact Inforr | nation | | | | | |
| Name | | Oı | rganization | | | | | Job Title | |
| Mr. Micha | ael Batista | Ne | ewfield Donuts | , LLC | | N | 1anager | | |

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

3

Fax

57 South Broad Street

Business Phone

203-238-3482

Zip Code

06450

State

 CT

City

michael.batista@batistaco.com

Meriden

Emergency Phone Email Address

203-410-9766

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | Traver quanty from terms and demphasize semetation | | | | | | | | | |
|------------------|--|-------------|----------------|---------------|--------------|----------------|-----------------|--|--|--|
| PWS ID PWS Name | | | Classification | Population | Owner Type | Primary Source | | | | |
| CT0820284 | 284 144 MERIDEN RD | | | | 25 | Р | GW | | | |
| Local Address (v | Local Address (where applicable) | | Resider | ntial Commerc | ial Industri | ial Combine | ed Agricultural | | | |
| 144 MERIDEN ROAD | | Connections | | | | 1 | | | | |
| | | | | | | | | | | |

Towns Served: MIDDLEFIELD

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End of schedule